Advancing Accessibility: A Systematic Review of Healthcare Accessibility for Individuals with Disabilities and a Proposed Collaborative Partnership Model

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ABSTRACT

Despite the Americans with Disabilities Act (ADA) and other policy efforts, healthcare facilities in the U.S. often fail to provide adequate accommodations for individuals with disabilities, resulting in preventable health issues and diminished quality of life. This study aims to synthesize existing literature on healthcare disparities faced by disabled individuals, focusing on barriers such as insufficient physical accommodations, communication challenges, and a lack of disability awareness among healthcare providers. A systematic review was conducted using PRISMA guidelines, with 23 research papers selected from 2006 to 2022. The analysis identified recurring themes of inadequate accessibility, with legal frameworks like the ADA being insufficient in addressing the complexity of these challenges. Key gaps include a lack of scalable, collaborative interventions and insufficient research on disability populations. To address these limitations, this study proposes a novel partnership model that integrates academic institutions, advocacy groups, and healthcare education providers to promote inclusive healthcare environments. The findings highlight the critical need for collaboration across sectors to improve healthcare accessibility for all individuals with disabilities.

1. Introduction

To lead a better life, social inclusion is very important. According to the Centers for Disease Control and Prevention's (CDC) Morbidity and Mortality Weekly Report, 61 million adults in the US, or one in four, have a disability (CDC, 2019). If we think differently, this is somewhat more than the total population of Italy. According to the definition from "Global Diversity and Inclusion Benchmarks: Standards for Organizations Around the World," published in 2014 and co-authored by Julie O'Mara, Alan Richter, and 80 expert panelists,

> Inclusion refers to how diversity is leveraged to create a fair, equitable, healthy, and high-performing organization or community where all individuals are respected, feel

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engaged and motivated, and their contributions toward meeting organizational and societal goals are valued (O'Mara, 2013).

A person's dignity, sense of security, and opportunity to live a better life all depend on social inclusion. Therefore, it is crucial to support people with disabilities and those who battle with social isolation on a daily basis in order to help them feel connected to society.

Besides many obstacles, people with disabilities are usually more vulnerable to preventable health issues, which affect their general health and quality of life. Despite the existence of the Americans with Disabilities Act (ADA), many healthcare facilities are still unable to offer adequate accommodations for the disable people. It is impossible to guarantee a healthy nation while neglecting the number of people who struggle every day to get access to a proper healthcare system (Pappas, 2020).

It is impossible to guarantee a healthy nation while neglecting the number of people who struggle every day to get access to a proper healthcare system (Pappas, 2020). Over the past several years, a significant body of research has been conducted on improving accessibility for individuals with disabilities in healthcare settings. Previous studies have highlighted various barriers, such as inadequate physical accommodations, communication challenges, and a lack of disability awareness among healthcare providers. However, there is a limited focus on practical, scalable interventions that promote a fully inclusive healthcare environment. Furthermore, many existing studies fail to address the collaborative role of healthcare professionals, policymakers, and advocacy organizations in creating and implementing solutions that improve both physical and social accessibility for people with disabilities. This gap underscores the need for a comprehensive review that not only evaluates the state of healthcare accessibility but also proposes an actionable partnership model to foster collaboration and inclusion.

This paper reviews the previous related studies and provides a literature review on this topic. This study also identifies the problems that exist in healthcare settings and thoroughly examines the challenges and limitations associated with the current state of accessibility. This study aims to fill these gaps by addressing the following research objectives:

- Provides an integrated and synthesized overview of current research on improving accessibility for individuals with disabilities in healthcare settings.

- Compares the research papers on accessible healthcare settings for disabled people and analyzes the methodology and contributions.

- Identifies the existing barriers and analyzes the gaps, and limitations of accessibility.

- Proposes a collaborative partnership model to improve the accessibility in healthcare settings for the individuals with impairment.

The novel contribution of this work benefit is the unique partnership model between organizations in order to address the existing gaps and improve inclusivity in healthcare services for the disabled population.

2. Related Surveys

This section offers a comprehensive review of the surveys that have been conducted in the area of healthcare accessibility for people with disabilities. Our main objective is to investigate the current barriers, disparities, and improvement opportunities in healthcare settings for people with disabilities. In order to develop and propose a collaborative campaign model that can help

remove the barriers by educating people, we intend to understand the connection between disability and healthcare disparities.

Although the papers reviewed in this section cover topics such as patient and public involvement, closing the treatment gap for mental health disorders, intersectoral action for health equity, environmental factors in healthcare communication, healthcare access for people with disabilities, and healthcare utilization by disabled persons, this work represents the first comprehensive review of the literature in the field of disability and healthcare accessibility.

In 2003, Krahn et al. (2006) conceptualizes and addresses the health disparities experienced by people with intellectual disabilities. In Lennox and Kerr's (2007) study, they analyze the evidence regarding the delivery of primary health care to people with intellectual disabilities. In their 2008 study, O'Halloran et al. (2008) explore environmental factors influencing healthcare communication with people with communication challenges in hospitals. Gibson and O'Connor (2010), on the other hand, conduct a systematic review of access to healthcare for disabled individuals. They identify limitations in access and the need for additional objective evidence to determine the true degree of healthcare access, underlining the issue's complexity. Trani et al. (2011), in their study of health status, access to healthcare, and reproductive health services for disabled people in Sierra Leone, emphasize the necessity of tackling socioeconomic disparity and enhancing the healthcare system for equitable access. In 2011, another study group, Määttä et al. (2011), examined the medical difficulties experienced by people with Down syndrome and assessed the appropriateness of health surveillance based on national criteria, underlining the need for improved healthcare provision and monitoring for this group. Ndumbe-Eyoh and Moffatt's (2013) findings in 2013, the impact of intersectoral activity on health equity was discussed, with an emphasis on the importance of thorough evaluations and the creation of multidisciplinary knowledge in this subject. Shidhaye et al. (2015) presents a strategy for upgrading existing health care platforms and offering evidence-based therapies to treat mental, neurological, and drug use problems. Recognizes the significance of a holistic, integrated strategy. Meade et al. (2014), on the other hand, create an integrated conceptual framework, the Model of Healthcare Disparities and Disability (MHDD), that addresses the specific healthcare disparities that people with disabilities face and identifies modifiable factors that can be changed to reduce them. A 2018 survey evaluates the literature on access to primary health care for people with disabilities (PWDs) in rural locations around the world. It identifies impediments to access, makes policy and practice recommendations, and emphasizes the need for additional study (Dassah et al., 2018). Bradshaw et al. (2019) conduct a review of barriers to healthcare for autistic persons without intellectual disabilities, present examples of current health services, and emphasize the necessity of autism training for healthcare personnel and future study. In 2021. Ocloo et al. identify impediments, facilitators, and the need for a whole-system approach to patient and public involvement (PPI) in healthcare, focusing on equity, diversity, and theory-driven approaches. Hashemi et al. (2020) conduct a systematic analysis of qualitative research to identify and understand the barriers to primary healthcare access faced by individuals with disabilities in low- and middle-income countries. All relevant survey papers are presented in Table 1.

Table 1.
List of Review Papers in the Field of Disability and Healthcare Accessibility

Paper	Author	Topic Identification	Contribution	Citations	Year
Exploring the theory, barriers and enablers for patient and public involvement across health, social care and patient safety: a systematic review of reviews	Ocloo et al. (2021)	PPIH	Identifies barriers, enablers, and the need for a whole system approach in patient and public involvement (PPI) in healthcare and emphasize on equality, diversity, and theory-driven approaches.	141	2021
Closing the treatment gap for mental, neurological and substance use disorders by strengthening existing health care platforms: strategies for delivery and integration of evidence-based interventions	Shidhaye et al. (2015)	MH	Offers a framework for strengthening existing health care platforms and delivering evidence-based interventions to address mental, neurological, and substance use disorders. Identifies the importance of a comprehensive, integrated approaches.	153	2015
Intersectoral action for health equity: a rapid systematic review	Ndumbe-Eyoh and Moffatt (2013)	HE	Discusses the impact of intersectoral action on health equity and emphasize the importance of rigorous evaluations and the development of interdisciplinary knowledge in this field.	159	2013
Environmental factors that influence communication between people with communication disability and their healthcare providers in hospital: a review of the literature within the International Classification of Functioning, Disability and Health (ICF) framework	O'Halloran et al. (2008)	DH	Discusses environmental factors influencing healthcare communication with people with communication disabilities in hospitals	107	2008
A cascade of disparities: Health and health care access for people with intellectual disabilities	Krahn et al. (2006)	IDH	Conceptualizes and addresses the health disparities experienced by people with intellectual disabilities. Offers recommendations for future action and research to improve the health outcomes.	1054	2006

Paper	Author	Topic Identification	Contribution	Citations	Year
Primary health care and people with an intellectual disability: the evidence base	Lennox and Kerr (2007)	IDH	Reviews the evidence related to the delivery of primary health care to people with an intellectual disability, along with recommendations for future evidence-based research in this area.	248	2007
Access to health care, reproductive health and disability: A large-scale survey in Sierra Leone	Trani et al. (2011)	DRH	Analysis of health status, access to healthcare, and reproductive health services for disabled individuals in Sierra Leone, highlighting the importance of addressing socioeconomic inequality and strengthening the healthcare system to ensure equitable access.	158	2011
How Can We Support the Healthcare Needs of Autistic Adults Without Intellectual Disability?	Bradshaw et al. (2019)	AAH	Reviews barriers to healthcare for autistic adults without intellectual disability, provides examples of available health supports, and highlights the importance of autism training for healthcare professionals and further research.	64	2019
Healthcare and guidelines: A population-based survey of recorded medical problems and health surveillance for people with Down syndrome	Määttä et al. (2011)	DSH	Examines the medical problems experienced by individuals with Down syndrome and evaluates the adequacy of health surveillance based on national guidelines, emphasizing the need for improved healthcare provision and monitoring for this population.	97	2011
The intersection of disability and healthcare disparities: a conceptual framework	Meade et al. (2014)	DH	Develops an integrated conceptual framework, the Model of Healthcare Disparities and Disability (MHDD), which addresses the specific healthcare disparities experienced by individuals with disabilities and identifies modifiable factors to reduce these disparities.	152	2015

Paper	Author	Topic Identification	Contribution	Citations	Year
Access to health care for disabled people: a systematic review	Gibson and O'Connor (2010)	DH	Systematic review on access to healthcare for disabled people highlights limitations in access and the need for more objective evidence to understand the true level of healthcare access, emphasizing the complexity of the issue.	62	2010
Factors affecting access to primary health care services for persons with disabilities in rural areas: a "best-fit" framework synthesis	Dassah et al. (2018)	DH	Reviews literature on access to primary health care for persons with disabilities (PWDs) in rural areas globally. It identifies barriers to access, recommends policy changes and practice considerations, and highlights the need for further research.	130	2018
Barriers to accessing primary healthcare services for people with disabilities in low and middle-income countries, a Meta-synthesis of qualitative studies	Hashemi et al. (2020)	DH	Systematic review of qualitative studies to identify and understand the barriers to primary healthcare access experienced by people with disabilities in low- and middle-income countries.	93	2022

Note: All relevant survey papers are presented in this table (Date of Acquisition from August-September 2024). The following abbreviations are used for topic identification: HE= Health Equity, MH= Mental Healthcare, PPIH= Patient and Public Involvement Across Health, IDH = Intellectual Disability Healthcare, DRH = Disability in Reproductive Healthcare, AAH = Autistic Adults Healthcare, DSH = Down Syndrome Healthcare, and DH = Disability Healthcare.

3. Materials and Methods

The systematic review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guideline (PRISMA, 2009). In May 2023, a search was undertaken to discover peer-reviewed articles presenting research in the field of disability and healthcare accessibility. The review process included three main stages: literature search, data extraction, and selection criteria.

3.1. Search Strategy

A systematic search was conducted to identify relevant literature on accessibility for individuals with disabilities in healthcare settings. The following electronic databases were utilized: PubMed, and Google Scholar. Searches were performed for studies published between 2006 and 2022 to capture a comprehensive range of research. The search terms included combinations of the following keywords such as "access to disability services," "disability health care access," and "disability accommodations" OR "inclusive healthcare." Boolean

operators (AND, OR) were used to refine and expand the search results. To further ensure relevance, articles' references were manually screened to identify additional sources. Studies were selected based on title, abstract, and full-text review, adhering to inclusion and exclusion criteria.

3.2. Inclusion and Exclusion Criteria

Following eligibility criteria were established to ensure the inclusion of relevant and high-quality studies:

1) Studies must focus on individuals with physical, sensory, cognitive, or developmental disabilities who encounter barriers in accessing healthcare settings.
2) Studies on accessibility interventions (physical, communication, technology) and healthcare provider training.
3) Systematic reviews, and survey papers published in peer-reviewed journals.
4) Published between 2006 and 2022.
5) Studies published in English.

On the other hand, following eligibility criteria were established to ensure the exclusion:

1) Studies were excluded if the full text was not available.
2) If multiple reports from the same study were identified.
3) Studies focus exclusively on autism research without a broader scope of accessibility, physical activity participation, general health care, and stroke care, access to healthcare which does not talk about disability, disability access which talks specifically about students and education access.

These criteria are designed to capture the broad scope of accessibility issues while maintaining a focus on the healthcare needs of individuals with disabilities.

Table 2.
The Keywords Used for Searching and Number of Databases from Each Database

Database	Search Terms and Search Criteria	No. of Articles	Date of Acquisition
Google Scholar	access to disability services	14	30 August, 2024
	disability services	3	3 August, 2024
	disability health care access	18	3 August, 2024
	"disability accommodations" OR "inclusive healthcare"	17	9 September, 2024
PubMed	disability health care access	23	30 August, 2024
	disability services	6	30 August, 2024
	"disability accommodations OR "inclusive healthcare"	rejected	30 August, 2024

Note: This Table shows the Keywords used for searching and number of databases from each database

3.3. Selection Criteria

Screening relevant research papers is a critical part of the selection process, consisting of two main steps: paper selection based on inclusion criteria and a thorough quality assessment. The data extraction process involved systematically reviewing and collecting relevant information from each selected study, such as study title and publication year, study design (e.g., systematic review, survey, case study), type of disability addressed, healthcare setting (e.g., primary care, hospital), barriers identified (e.g., physical, communication, training gaps), proposed interventions, and key findings and recommendations. To assess the quality of the selected studies, all the inclusion and exclusion criteria was measured properly.

After applying these criteria, we identified documents for further review and content evaluation. Table 3 outlines the specific inclusion and exclusion criteria used. The initial search resulted in 83 records, 52 from Google Scholar and 31 from PubMed. After removing duplicates, 71 papers remained. Upon applying the inclusion and exclusion criteria, 29 papers were selected, and the final analysis was conducted on 23 of them.
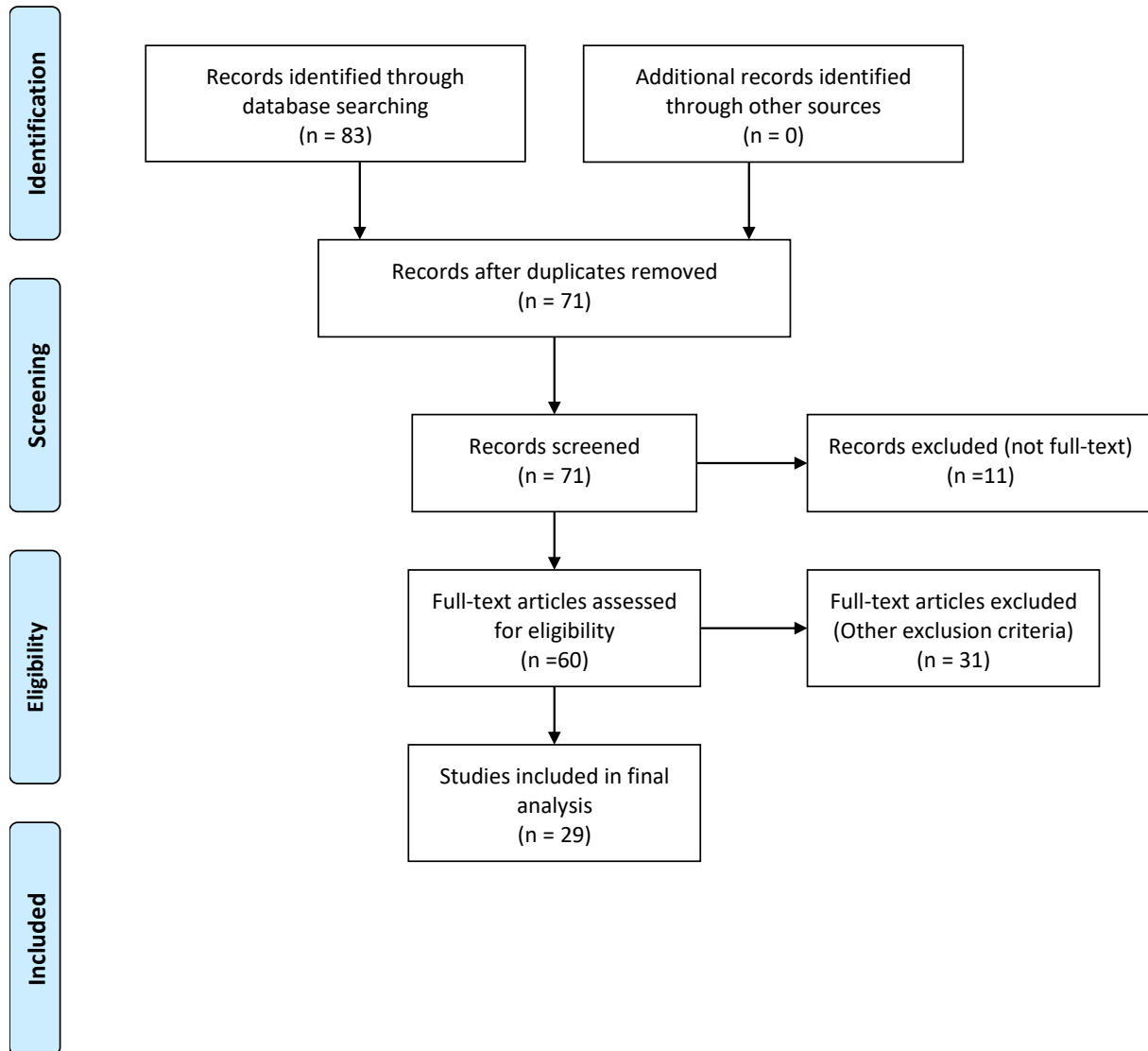

Figure 1. Flowchart of the Database Search Process for Literature Review
Note: The source is- Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(6): e1000097. doi:10.1371/journal. pmed1000097

4. Analysis

The analysis of the selected 23 research papers focused on identifying key themes, trends, and gaps in accessibility for individuals with disabilities in healthcare settings. Several common barriers emerged across the studies, including inadequate physical accommodations, insufficient communication tools, and a lack of disability-specific training for healthcare providers. The papers consistently highlighted that despite the existence of legal frameworks like the Americans with Disabilities Act (ADA), there are still significant challenges in ensuring full accessibility in healthcare environments.

A recurring theme was the need for more comprehensive interventions that address both physical and social barriers. While some studies offered solutions such as improved facility design and the use of assistive technologies, there was limited research on scalable, collaborative initiatives involving healthcare professionals, policymakers, and advocacy groups. This lack of collaboration across sectors was identified as a critical gap in the existing literature.

Moreover, the analysis revealed a scarcity of research focusing on specific populations within the disability community, such as individuals with cognitive or developmental disabilities, who may face unique accessibility challenges. Most studies concentrated on physical disabilities, leaving a gap in understanding the diverse needs of people with various types of disabilities.

The review also highlighted geographic disparities in accessibility research. Most studies were conducted in high-income countries, with limited data available from low- and middle-income regions, where healthcare infrastructure and accessibility may differ significantly. This underrepresentation points to the need for more inclusive global research to address accessibility issues across diverse healthcare systems.

5. Review of the Literature

Accessibility in healthcare settings is significant because individuals with physical impairments can face a variety of problems frequently. The lack of wheelchair-accessible entrances and exam tables, difficulties in using the restrooms as well as communication difficulties caused by insufficient accommodation for people with hearing or visual impairments are some common phenomena (DeJoy, 2020).

According Okoro et al, (2016), "Persons with disabilities face greater barriers to health care than do those without disabilities." According to the U.S. Department of Health and Human Services' six-question survey in 2016, one in four (61 million) American adults reported having a disability, and nearly 6% of those reported having a hearing impairment. Access to health care with disabilities varied depending on their disability type. This report highlights that the social determinants of health, including sex, race, demography, socioeconomic condition, and accessibility to and usage of high-quality healthcare services plays a great role on the health and well-being of populations (Okoro et al, 2016).

Centers for Disease Control and Prevention indicates, there are many barriers of health care access for adults with disabilities. One in four adults with disabilities between 18 and 44 age, do not have a regular doctor or usual health care provider (Centers for Disease Control and Prevention, 2022). One in five people with disabilities in the same age group have unmet medical needs in the previous year due to the cost. One in four adults with impairments aged 45 to 64 did not get a checkup the previous year due to the various inaccessibility to the healthcare system. They recommend creating inclusive health programs, reducing health inequities, and improving access to healthcare for people with disabilities in order to promote public health for all (Centers for Disease Control and Prevention, 2022).

Director of CDC's Division of Human Development and Disability, Georgina Peacock said, "People with disabilities will benefit from care coordination and better access to health care and the health services they need, so that they adopt healthy behaviors and have better health (CDC, 2019)." He emphasized conducting more research on healthcare access and challenges of the people with disabilities. He said that "Research showing how many people have a disability and differences in their access to health care can guide efforts by health care providers and public health practitioners to improve access to care for people with disabilities (CDC, 2019)."

6. Problem Identification: Barriers in Healthcare

To ensure accessibility for people with impairments in public places, including healthcare organizations, the Americans with Disabilities Act (ADA) was established (ADA National Network, 2019). Unfortunately, many healthcare facilities still find it difficult to provide for the requirements of people with impairments. Accessibility of medical centers, clinics, and other health care providers is essential for the people with disabilities in order to provide medical care. Sometimes, due to inaccessibility to the premises can be the greatest barrier to individuals with disabilities that may hinder their routine medical care. When we talk of mobility-related obstacles, the first thing that comes to consideration is physical or structural barriers to healthcare. For instance:

1. The lack of ramp in the entrance or the narrow ramp change direction which is not feasible for the people with disability.
2. Doors that are too heavy and do not open wide enough for people to pass through or if the doorways are too narrow.
3. Lack of level landing in the front of the door.
4. No accessible restrooms or just only one restroom with the facilities for disabled people which cause people to travel far to use another accessible restroom.
5. Narrow parking space can create difficulties for patients with mobility impairment.
6. Lack of a wheelchair-accessible weight scale or one that can be used by people who have trouble stepping up (Houtenville & Boege's, 2019).

Communication barriers are another issue that are experienced by individuals with hearing, speaking, reading, writing, and or understanding disabilities. According to Houtenville & Boege's (2019), some examples are:

1. People with vision impairments are unable to read or see written health prescriptions or messages. Use of small print, the absence of Braille, and versions for screen reader users are a few examples.
2. People with cognitive disabilities may have difficulty understanding material when it uses technical terms or vocabulary with numerous syllables.
3. Auditory materials, such as videos without closed captioning and spoken communications without supporting manual interpretation (such as American Sign Language), may not be accessible to those with hearing difficulties (Houtenville & Boege's, 2019).

Some other inaccessibility also limits the efficient delivery of public health or healthcare programs. Such as:

1. No special scheduling requests.
2. Lack of accessible medical equipment. For example, mammography, weight scale, screening equipment.
3. Lack of staff assistance to get on and off an exam table, and patient lifts. Some individuals will need additional assistance even if the floor is low.
4. Lack of proper communication with patients. For example, a patient with hearing impairment cannot understand the doctor if there is no use of sign language (Houtenville & Boege's, 2019).

According to Americans with Disabilities Act (ADA) Accessibility Standards, "Accessibility standards issued under the Americans with Disabilities Act (ADA) apply to places of public accommodation, commercial facilities, and state and local government facilities in new construction, alterations, and additions (ADA National Network, 2019)." However, most of the time local healthcare facilities cannot stand with the standards. The lack of proper training for

healthcare professionals on disability issues, as well as the limitation of financial resources to implement necessary accommodations are the reasons behind this.

7. Partnership and Proposed Campaigns

A survey shows, only 40.7 percent of 714 practicing US doctors strongly agreed that they welcomed patients with disabilities into their practices, only 56.5 percent strongly agreed that they welcomed patients with disabilities into their practices, and 18.1 percent strongly agreed that the healthcare system frequently treats these patients unfairly (Iezzoni et al., 2021). Training for health workers on disability is a recognized method given that health workers' lack of information, stigma, and unfavorable attitudes towards persons with disabilities. Health workers throughout the world need to obtain appropriate and reliable training that combines diverse techniques and involves people with disabilities as part of programs to establish inclusive health systems and improve health outcomes for people with disabilities. According to 2021 research, toolkit and training session on disability access significantly improved the knowledge, attitudes, and practices of healthcare workers (Strom, 2021).

These studies show the significance of improving health workers' attitude, competence, and confidence when they treat any patients with impairments. In response to these challenges, I propose a collaborative partnership model aimed at improving healthcare accessibility for individuals with disabilities. This model involves collaboration between academic institutions, advocacy organizations, community foundations, and healthcare education providers to develop a toolkit and training program designed to equip healthcare professionals with the skills and knowledge needed to offer inclusive care. The collaboration will focus on providing educational resources, fostering community engagement, and addressing the systemic barriers that prevent individuals with disabilities from receiving equitable healthcare.

Figure 2. Proposed Category of the Organizations
Note: Proposed Category of the Organizations for Enhancing Accessibility for People with Disabilities
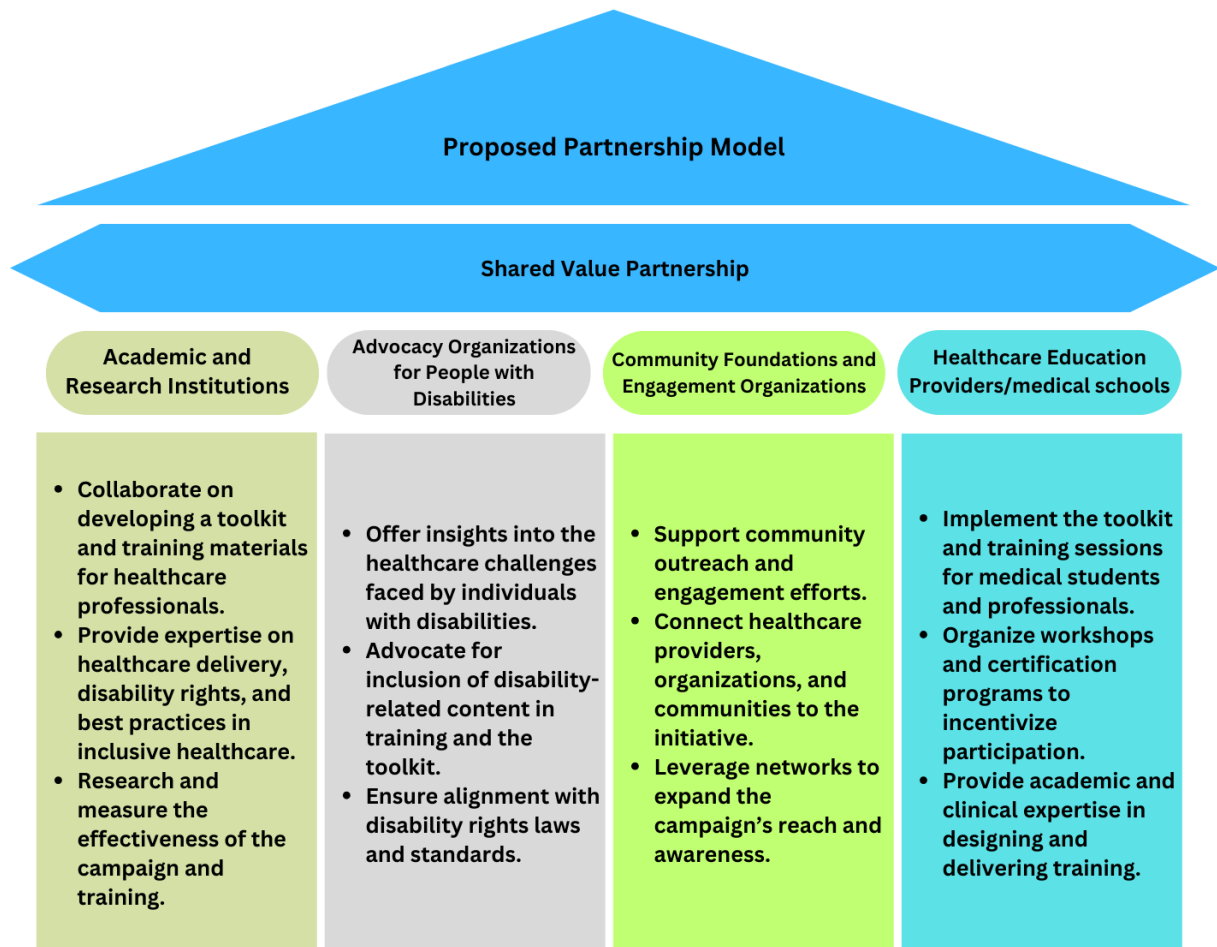
Figure 3. Proposed Partnership Model
Note: Proposed partnership model with shared value partnership.

The proposed collaborative partnership model aims to improve healthcare accessibility for individuals with disabilities by uniting academic institutions, advocacy organizations, community foundations, and healthcare education providers. The implementation process involves developing a comprehensive toolkit and training program for healthcare professionals, piloting the program in select healthcare institutions, and integrating it into medical curricula. Community foundations will raise awareness, while advocacy groups work with policymakers to promote systemic changes. Ongoing evaluation and feedback from healthcare workers and people with disabilities will help refine the program for long-term sustainability.

However, several challenges may arise, including resistance to change among healthcare professionals, securing sufficient funding, and ensuring comprehensive representation of diverse disabilities and healthcare settings. Measuring the program's impact and adapting it to different regions may also pose difficulties. By addressing these challenges through collaboration and adaptability, this model has the potential to create more inclusive healthcare practices, ultimately improving outcomes for individuals with disabilities.

8. Conclusion

This review underscores the urgent need to improve healthcare accessibility for individuals with disabilities and highlights the significant gaps in current healthcare practices. The proposed collaborative partnership model offers a comprehensive approach to addressing these challenges by integrating academic expertise, advocacy efforts, community engagement, and

healthcare education. This model not only aims to enhance the skills and knowledge of healthcare professionals but also advocates for systemic changes that promote inclusion and equity.

For healthcare providers, adopting this model can foster a more inclusive environment, ultimately leading to better health outcomes for individuals with disabilities. This approach sets the stage for broader initiatives aimed at reducing healthcare disparities and promoting a more equitable healthcare system.

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